

Do not claim DOT hourly use expenses for any item for which you claim depreciation expenses.

Responsible Unit Name	County	Municipal Code
		<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>

**SCHEDULE I: RECYCLING EQUIPMENT USE**

	A Description of equipment used in recycling	B Date of Purchase	C DOT approved hourly rate	D Recycling hours of use	E Estimated Cost of Using Equipment for Recycling
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Line 13: Estimated recycling equipment use cost:

**SCHEDULE II: YARD WASTE EQUIPMENT USE**

	A Description of equipment used for yard waste	B Date of Purchase	C DOT approved hourly rate	D Yard waste hours of use	E Estimated Cost of Using Equipment for Yard Waste
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Line 26: Estimated yard waste equipment use cost:

Line 27: **Total Estimated Equipment Use Costs:** (Add line 13 of Schedule I and line 26 of Schedule II. Enter sum on Form 4, Line 15.)